

**Enterprise Zone Course Addition/Revision - Approval Request
(Attachment 4)**

To: Michelle Fehr
803-896-2614
fehrm@sctechsystem.edu
Enterprise Zone Retraining

From Tech College Contact:
Phone Number:
Email Address:

RECOMMENDED ADDITION TO APPROVED ENTERPRISE ZONE TRAINING PLAN

Company Name:

Address:

Send Approval To:

Email Address:

Phone Number:

TR (Track Number):

- **Course Title:** *List the course title for the short-term or long term training program.*

- **Training Provider:**

Technical College

Company

Vendor

OJT (requires attachment 3)

(Note: Prior to implementation of On-The-Job training, submit this form along with a revised training plan. At the conclusion of each training, submit Attachment 3 which includes the roster and training timeframes (beginning and ending dates).

- **If the Technical College is not providing this training, please explain:**

- **Estimated number of course hours:**
- **Estimated number of eligible employees:**
- **Estimated course cost:**
- **Course Description:**

